Correct Diagnosis ???

When the Office of Program Support performs a data validation review, the diagnosis is determined as follows:

1st The diagnosis is taken from the assessment that both covers the dates of the review and is signed by a person with the capacity to diagnose as defined in A.A.C. R9-20-209.

2nd If a progress note is found in the medical chart and it is signed by a person of the capacity to diagnose and it represents the diagnosis for that service only then the encounter for that service only must have the diagnosis indicated by the provider.

3rd If a progress note is found in the medical chart and it is signed by a person with the capacity to diagnose and it indicates from that date forward that a diagnosis has been changed or a new diagnosis added (e.g. in the case of multiple Axis 1 or Axis 2 diagnosis), than any encounter submitted from that date forward must have the updated diagnosis or be one of the set of diagnoses listed on the assessment or in the medical record.

The behavioral health Core Assessment and the ADHS/DBHS Client Information system permits adding up to five Axis 1 diagnoses and two Axis 2 diagnoses. This allows for a greater degree of specificity in the assessment process.

Fiscal Year 08 Rate Update Approved

The fiscal year 08 rate for Behavioral Health procedures has been approved with an effective date of 7/1/07. The updated rates can be found in the most recent Covered Services Guide posted on the Behavioral Health Web site. The following is the link to the update B2 matrix.
http://www.azdhs.gov/bhs/app_b2.pdf

Submission of Form CMS-1500 (08-05)
Update

AHCCCS Administration is extending the mandatory submission date for the new 1500 claim form. Providers will now be required to begin submitting the CMS-1500 (08-05) form beginning October 1, 2007. Contractors are able to extend internal submission requirements up to this date for providers that are not able to meet the CMS submission requirements.

A sample of the new form and the Reference Instruction Manual can be found at:
http://www.nucc.org/images/stories/PDF/claim_form_manual_v3-0_7-07.pdf

Coding Q & A

Q Should a physician always use a 99214 or 99215 Evaluation and Management code when billing for E/M services?

A **No.** It may be the case that a high level E/M code such as a 99214 or 99215 may best describe the service that was performed; however, it is always best to follow the coding guidelines for Evaluation and Management services found in the CPT book. Appendix C of the 2007 CPT book states: These clinical examples do not encompass the entire scope of medical practice. Inclusion or exclusion of any particular specialty group does not infer any judgment of importance or lack thereof; nor does it limit the applicability of the example to any particular specialty. Of utmost importance is that these clinical examples are just that: examples. The examples given in the CPT book mention a certain specialty; however, this does not mean that a certain specialty can or should only use that E/M code.

New RBHA for Maricopa County

On June 12, 2007 the Arizona Department of Health Services awarded Magellan Health Services the contract for the provision of public mental health services in Maricopa County. Magellan, RBHA 07, will begin providing services on September 1, 2007.

Magellan, a leading specialty health care management organization, is headquartered in Connecticut. In addition to behavioral health care, Magellan manages radiology benefits and specialty pharmaceuticals. Their customers include health plans, corporations, and government agencies.

Magellan's RBHA Representative will be Gary Szymanski, who is currently working very closely on the ValueOptions/Magellan transition for the Office of Program Support. We are all excited to work with Magellan and welcome them to the State of Arizona!

New NPI "Process"

DBHS has developed a "process" which allows the RBHA to submit encounter transaction for terminated or closed providers who do not have an NPI number. Similar to a special Wednesday test or production runs conducted during the day, the RBHA must place encounters fitting this scenario in a separate file with a name indicating it is a non-NPI file. The RBHA also is to provide an email notification to DBHS by the Tuesday prior to the requested Wednesday run. It is very important that this emailed request include an extremely detailed justification for all encounters without an NPI number. The Office of Program Support will research all requests to verify that the providers in question are terminated or sites closed prior to providing an approval. Please remember this "process" is for encounters with terminated or closed providers without an NPI number.

Encounters for terminated or closed providers who do have an NPI number, which has not been added to AHCCCS or CIS systems, should be submitted through the normal production processes when the NPI numbers have been added to both systems. According to the AHCCCS Provider Registration Unit, there is currently no backlog for entering newly obtained provider NPI numbers. In addition, CIS provider tables are updated on a weekly basis with all current NPI numbers.

Intakes without Encounters

Files have been created for the RBHAs to identify open intake clients that have not had an encounter in the last year.

The RBHAs should take all necessary actions to investigate and possibly close intakes for any client that have not had an encounter within the last year. Immediate emphasis should be placed on those clients with older intake dates.

!! Edit Alerts !!

An Edit alert is a faxed and e-mailed notice of system enhancements or changes. The Office of Program Support strives to ensure any system enhancements or changes are communicated to all program participants in an accurate and reliable manner. Edit alerts will be distributed when the information is first made available and again with the following monthly publication of the Tidbits.

New/Changed Edit Alert

Tracking_Number: *69*   Implemented: ☐

Reference Title Demographic - AXISIII Field Change

Notification Date: May 25, 2007

Expected Implementation Date: July 1, 2007
ADHS will provide the RBHA's with 90 days notice when possible

Change Description: Establish a field that stores behavioral health recipient's current medical diagnoses. (SSR 2178)

The current data set submitted by the T/RBHA to BHS utilizes five 2-byte fields, which indicate a generic category of the recipient's current medical condition(s). ADHS must identify whether the behavioral health recipient reports as having any of 36 AHCCCS-specified diagnoses.

The new field will identify specified conditions of behavioral health recipients for which coordination of care should be provided. The Coordination of Care performance measure and other potential analysis will be extrapolated through examination of this data.

The existing AXISIII field(s) will remain in the data set, but field-specific edits for records with an intake date of MM/DD/YYYY (system change date) or later will be ignored/modified. Data submissions with an intake date of MM/DD/YYYY (system change date) or later will not require completion of the existing AXISIII field(s).

The new field will store up to three 2-byte codes. A maximum of three unique codes may be stored per individual record. Either Not Applicable (N/A) or a valid code must be entered. If N/A is entered as the first of the 3 possible entries, then N/A must also be entered for subsequent entries. Exact codes, other than N/A, cannot be repeated in an individual record. If more than one field is completed with any valid value other than N/A the codes must be unique.

Description: SSR 2178 was created to store behavioral health recipient's current medical diagnoses. The current data set submitted by the T/RBHA to BHS indicates a generic category of the recipient's current medical condition. The new field will identify specified conditions where coordination of care should be provided.

New/Changed Edit Alert

Tracking_Number: 70   Implemented: ☐

Reference Title CRS Valid NDC Check

Notification Date: June 5, 2007

Expected Implementation Date: September 1, 2007
  ADHS will provide the RBHA's with 90 days notice when possible

Change Description: A CRS preprocessor check of NDC code against 1st Data Bank will be added. If NDC code is not valid, encounter will be rejected with error message "NDC is invalid or obsolete."

Description: A CRS preprocessor check of NDC code against 1st Data Bank will be added. If NDC code is not valid, the encounter will be rejected with error message "NDC is invalid or obsolete"

New/Changed Edit Alert

Tracking_Number: 72   Implemented: ☐

Reference Title CRS Exact Dupe Logic Change

Notification Date: June 5, 2007

Expected Implementation Date: September 1, 2007
  ADHS will provide the RBHA's with 90 days notice when possible

Change Description: The exact duplicate logic for CRS encounters will be changed (SSR 2189) as follows:

UBs - Reject if another encounter exists in the database or on the file being submitted with the
same client ID
same provider
same dates of service
same first 2 digits of bill type

1500s - Reject if another encounter exists in the database or on the file being submitted with the
same client ID
same service
same provider
same dates of service
same modifier
same place of service

Pharmacy - Reject if another encounter exists in the database or on the file being submitted with the
same client ID
same NDC
same provider
same dispensed date

Description: The exact duplicate logic for CRS changed.

New/Changed Edit Alert

Tracking_Number: 73   Implemented: ☐

Reference Title Limit CRS Medicare Parmacy Claims sent to AHCCCS

Notification Date: June 6, 2007

Expected Implementation Date: September 1, 2007
  ADHS will provide the RBHA's with 90 days notice when possible

Change Description: The Office of Program Support (OPS) has requested a modification to the CRS system (SSR 73) regarding pharmacy encounters. Per SSR 2182, the CRS system will check for specific therapeutic drug classes and only send to AHCCCS Medicare pharmacy encounters that belong to the two (2) following allowable drug classes: barbiturate, and benzodiazepine.

Description: The Office of Program Support (OPS) has requested a modification to the CRS system regarding pharmacy encounters. The CRS system will check for specific therapeutic drug classes and only send AHCCCS Medicare pharmacy encounters that belong to the two following allowable drug classes; barbiturates and benzodiazepine.

New/Changed Edit Alert

Tracking_Number: 74   Implemented: ☑

Reference Title CRS - Type of Service Edit - UPDATE

Notification Date: June 6, 2007

Expected Implementation Date: September 1, 2007
  ADHS will provide the RBHA's with 90 days notice when possible

Change Description: OPS has requested that the CRS edit that checks for "Type of Service" be turned off (SSR 2193.) The new CMS 1500 does not have a field to capture this information.

IMPLEMENTED 6/19/07

Scenarios (if Applicable):	Edit Function:
WHEN BILLING FOR EMERGENCY SERVICES THE EMG INDICATOR MUST BE POPULATED WITH "Y"	Removing this edit will allow encounters to be accepted into the system. If the edit remained hard, the encounter would reject.

Description: OPS requested the CRS edit that checks for "Type of Service" be turned off.

New/Changed Edit Alert

Tracking_Number: 75   Implemented: ☑

Reference Title Invalid Modifiers

Notification Date: June 20, 2007

Expected Implementation Date: June 20, 2007
  ADHS will provide 90 days notice when possible

Change Description: A number of CRS encounters were inadvertently rejected with an error message that indicated the modifier was invalid with the procedure code (example - NU modifier with E1340 procedure code). SSR 2195

AHCCCS recognized that their system did not include all modifiers that could correctly be attached to a specific code and contracted with Ingenix to receive an initial file containing a complete inventory and ongoing updates of modifiers. However, the missing modifiers were loaded into the system with a 1/1/2007 effective date. They should have been given a begin-date of 7/1/2005 or the effective date of the modifier, whichever is later.

AHCCCS has provided a new set of reference files with corrected effective dates. If encounters inappropriately rejected for this reason are resubmitted, they will be accepted if there are no other errors.

Description: A number of CRS encounters were inadvertently rejected with an error message that indicated the modifier was invalid with the procedure code. AHCCCS has provided a new set of reference files with corrected effective dates. If encounters inappropriately rejected for this reason are resubmitted, they will be accepted if there are no other errors.

New/Changed Edit Alert

Tracking_Number: 77   Implemented: ☑

Reference Title Z800 Pharmacy encounter corrections

Notification Date: June 25, 2007

Expected Implementation Date: June 25, 2007
ADHS will provide 90 days notice when possible

Change Description: SSR 2150 to correct CRS Pharmacy encounters pending at AHCCCS for error Z800 as a result of a file being processed twice is complete. All 1790 encounters affected by this problem, have been reset in the CRS database with the appropriate status code and AHCCCS CRN.

The original Pharmacy encounters were processed during the March cycle and were assigned AHCCCS CRNs starting with '07067'.

The duplicate Pharmacy encounters were assigned CRNs starting with '07095'.

As a result of the cleanup in the CRS system, CRNs starting with '07095' were eliminated. It appears that AHCCCS did the same in their system. The only valid encounters are the encounters having CRNs, starting with '07067'.

CRS Sites should reset any affected encounters in their systems.

Description: SSR written to correct CRS Pharmacy encounters pending at AHCCCS for error Z800 as a result of a file being processed twice is complete. All 1790 encounters have been reset in the CRS data base with the appropriate status code and AHCCCS CRN.

New/Changed Edit Alert

Tracking_Number: 78   Implemented: ☑

Reference Title CRS-ICD-9 Code Update - REVISION 2

Notification Date: July 25, 2007

Expected Implementation Date: June 29, 2007
ADHS will provide 90 days notice when possible

Change Description: It has come to the attention of the CRSA MM/UM division that some of the CRS Contractors are using ICD-9 code 767.7 "Injury to Brachial Plexus" for conditions not in the perinatal period (before birth through the first 28 days after birth) AHCCCS will not accept this code for a CRS member not in the perinatal period. If the member is in the perinatal period, ICD-9 code 767.7 is valid.

ICD-9 code 353.0 "Brachial Plexus Lesions" is the code accepted by AHCCCS and could be used in its place for memebers not in the perinatal period.

Description: It has come to the attention of the CRSA MM/UM division that some of the CRS Contractors are using ICD-9 CODE 797.7 "injury to Brachial Plexus" for conditions not in the perinatal period (before birth through the first 28 days after birth). AHCCCS will not accept this code for CRS members not in the perinatal period.

ICD-9 353.0 "Brachial Plexus Lesions" is the code accepted by AHCCCS and should be used in its place for members not in the perinatal period.

New/Changed Edit Alert

Tracking_Number: 80   Implemented: ☑

Reference Title NEW SOURCE - MEMBER DATA

Notification Date: July 12, 2007

Expected Implementation Date: July 12, 2007
ADHS will provide 90 days notice when possible

Change Description: A new set of files have been developed to give the CRS sites a comprehensive list of all of their Member's records. The first set of these files is available on the FTP Server in each site's directory today in a compressed format (ZIP). An updated set of files will be provided for each site at the beginning of every month. (SSR 2176)

The file layouts correspond to the CRS Data Specifications. The file naming convention is as follows:

rxx_syyyymmdd.zip

where 'r' stands for Record Type and is always the first character in the file name
'xx' is the Record Type and can have the following values:
01 - CRS Member Demographics
02 - CRS Members Family and Address information
03 - CRS Members Eligibility Information
05 - CRS Members Insurance information

's' is the first letter of the CRS Site name:
f - Flagstaff
p - Phoenix
t - Tucson
y - Yuma

'yyyy' is the year
'mm' is the month
'dd' is the day

Description: A new set of files has been developed to give the CRS sites a comprehensive list of all of their Member's records.

New/Changed Edit Alert

Tracking_Number: 81   Implemented: ☑

Reference Title CIS Provider Screen

Notification Date: July 19, 2007

Expected Implementation Date: July 19, 2007
ADHS will provide 90 days notice when possible

Change Description: A change has been made to CIS to allow providers who have not yet received their NPI or who are not required to have an NPI to be viewed on the CIS AHCCCS Providers screen.

Description: A change has been made to CIS that allows providers who have not received their NPI or whom are not required to have an NPI to be viewed on the CIS AHCCCS Provider screen

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Security IDs for All BHS Secure Systems

Any person, needing access to the PMMIS system, must submit the required paperwork and use the individual ID assigned from AHCCCS Data Security during the registration process. Under no circumstance should there by any 'sharing' of user names and/or passwords. Currently there is no limit (within reason) on the number of users available to the T/RBHAs; individual providers are not authorized access to PMMIS through the Division.

The Office of Program Integrity must authorize all requests for access to CIS, Office of Human Rights, Office of Grievance and Appeals, Issue Resolution System, and PMMIS (AHCCCS) databases. In order to obtain access to any of these databases, please fax or mail a copy of the appropriate User Access Request Form, User Affirmation Statement, or Confidentiality Agreement to Stacy Mobbs at (602) 364-4736.

If you have any questions, please contact Stacy Mobbs by telephone at (602) 364-4708 or by e-mail at mobbss@azdhs.gov.

Reporting Program Fraud and Abuse

If you need assistance or to report an incident of suspected Fraud, Waste, and/or Abuse, please contact us at:

Tim Stanley	Manager	(602) 364-4781	stanleti@azdhs.gov
Stacy Mobbs	Auditor	(602) 364-4708	mobbss@azdhs.gov
Sandra Reyes	Auditor	(602) 364-4426	reyess@azdhs.gov

If you wish to remain anonymous, you may make a report through our Fraud and Abuse Hotline at 602 364-3758 (locally) or 1 866 569-4927 (toll free).
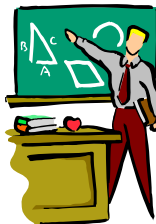
If you prefer, you may write at:

Tim Stanley, Manager, Office of Program Integrity
Arizona Department of Health Services
Office of the Deputy Director
150 N. 18th Avenue, Suite 280
Phoenix, Arizona 85007

Or Email us at:

ReportFraud@azdhs.gov

All reports are kept confidential and may be reported to other agencies

Who Do I Call??

If you need assistance please contact your assigned T/RBHA Representative:

Eunice Argusta	Gila River Navajo Nation Pascua Yaqui	(602) 364-4526 arguste@azdhs.gov
Javier Higuera	CPSA 26 & 27 Tucson CRS	(602) 364-4715 higuerj@azdhs.gov
Gary Szymanski	Magellan ValueOptions	(602) 364-4677 szymang@azdhs.gov
Renee Chavez	NARBHA	(602) 364-4734 chavezr@azdhs.gov
Jerri Gray	Cenpatico 02 & 22	(602) 364-1479 grayj@azdhs.gov
Kevin Gibson	Flagstaff CRS Yuma CRS	(602) 364-4727 gibsonk@azdhs.gov
Kayla Caisse	Phoenix CRS	(602) 364-4731 caissek@azdhs.gov

New Staff at OPS

We are excited to announce, the Office of Program Support has recently hired a Trainer. Dustin Jackson joined the unit on July 16, 2007. He brings with him years of healthcare, information technology, and training experience. Dustin served in the Marine Corps and has a Bachelors degree in Global Business from ASU. He comes to us from the Department of Defense healthcare contractor TriWest where he contributed as an Administrative Trainer. We are excited to have him on the team and he says "I am anxious to hit the ground running as a resource and ambassador." If you are interested in training please contact Dustin.

Dustin Jackson	OPS Trainer	(602) 364-4711 jacksod@azdhs.gov